

2419

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 10  
Registrar's No. 74

1. Place of Death: (a) County Apache (b) City or Town St Johns (c) Location St. & No. (or) Name of Institution  
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution 1/2 yr : In Community 1/2 yr  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Utah (b) County Utah (c) City or Town Provo  
(If outside city limits also write RURAL)

(d) Street No. 10 (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Eldred Rogers (b) If Veteran name war No (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 15 1927  
(Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 1 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Johns Ariz  
(City, town or county) (State or Country)

10. Usual Occupation student

11. Industry or Business \_\_\_\_\_

12. Name Delbert Rogers  
Father { 13. Birthplace Joseph City Arizona  
(City, town or county) (State or Country)

14. Maiden Name Roda Overman  
Mother { 15. Birthplace St. Johns, Ariz  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ove Overman  
(b) Address St. Johns, Ariz

17. (a) Burial, Cremation or Removal BURIAL  
(b) Place ST. JOHNS (c) Date Aug 20 1944

18. (a) Embalmer's Signature NONE  
(b) Funeral Director Bishop CARL ANDERSON  
(c) Address ST. JOHNS ARIZ

19. (a) Aug 23 1944  
(Date received Local Registrar)  
(b) Mrs Lona Gibbons  
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Aug 17 1944  
TIME (Hour and minute) 5 P.M.

21. I hereby certify that I attended the deceased from April 1944 to Aug 17 1944  
that I last saw him alive on Aug 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death subarachnoid hemorrhage

Due to mycotic meningitis + pituitary adenoma (Rathke pouch)

Due to embryonal anlage + cardiac - mitral disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or Town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature H. M. Herbert M. D.  
Address St Johns Ariz Date signed 8/28/44

DURATION pt. since birth cardiac unknown?

PHYSICIAN Underline the cause to which death should be charged statistically